

**VHA RESEARCH & DEVELOPMENT LETTER OF INTENT COVER PAGE****1. RESEARCH & DEVELOPMENT SERVICE**

- ☐ BIOMEDICAL LABORATORY R&D SERVICE
- ☐ CLINICAL SCIENCE R&D SERVICE
- ☐ HEALTH SERVICES R&D SERVICE
- ☐ REHABILITATION R&D SERVICE
- ☐ COOPERATIVE STUDIES PROGRAM

2. IS THIS LOI**NEW** ☐ OR **REVISED** ☐

IF REVISED, INDICATE PREVIOUS LOI NUMBER

3. PROGRAM AND LEVEL

- ☐ MERIT REVIEW
- ☐ RESPONSE TO SPECIFIC ANNOUNCEMENT
- Title and number (if applicable)
- ☐ CAREER DEVELOPMENT
- ☐ Research Career Development
- ☐ Advanced Research Career Development
- ☐ Career Development Enhancement
- ☐ OTHER (Specify)

4. PROJECT TITLE (*Be succinct and descriptive. May not exceed 72 characters, including spaces. Use bold type.*)**5. PRINCIPAL INVESTIGATOR**

LAST NAME, FIRST NAME

SSN (Numbers only – no hyphens)

DEGREE(S)

MAIL CODE

VA TITLE, GRADE

% VA ('8ths')

ACADEMIC AFFILIATION

ACADEMIC RANK

FULL ADDRESS FOR EXPRESS OR COURIER DELIVERY

TELEPHONE

FAX

E-MAIL

RESEARCH SITE (*Specify VA or Other*)**6. ASSOCIATE CHIEF OF STAFF** (*or Coordinator for R&D*)

NAME

TITLE

MEDICAL CENTER

TELEPHONE

FAX

E-MAIL

(This area intentionally left blank)

SIGNATURE

DATE

7. MEDICAL CENTER DIRECTOR

NAME

SIGNATURE

DATE